

RCFE Consumer Information Content Requirements

1st Draft

The outline that follows provides a first draft of proposed basic consumer research questions, and possible informational categories and subcategories that will form the foundation of a RCFE consumer information system. The majority of elements are required information by licensees, seen in black. Some of this required information are already available electronically, as indicated in red. A few elements are presently not required but would be beneficial to consumers, and are identified in blue.

I. CONTACT INFORMATION

- Is the care home in a convenient location?
- How do I contact the care home for more information?
- Are there presently any vacancies?
- Who can I speak to in licensing about this care home?

Location

- Name of Care Home
- Address of Care Home
- Web Address
- Proximity to public transportation within 2 or 3 blocks
- Search by Zip code, county, and map

Contact Information

- Name of Licensee
- Licensee Number
- Date of Licensure
- Public Phone/Fax/TDD Number
- Public Email Address
- Postal service mailing address
- Name of Administrator or admissions contact
- Regional Licensing Office and contact information

Vacancy Information

- Number of Present Vacancies as of (date)
- Waiting list/Number – average length of wait
- Average occupancy rate ____%

II. BASIC CARE NEEDS

- Can the care home meet my basic care needs?
- Who does the care home accept and retain?
- Will I fit in? What are the other residents like?

Care Needs: Indicate whether you or your loved one needs one or more of the following:

- Persons requiring assistance with dressing or grooming
- Persons requiring assistance with bathing
- Persons relying on canes
- Persons relying on walkers
- Persons relying on wheelchairs
- Persons needing assistance with incontinence of bladder
- Persons needing assistance with incontinence of bowel
- Persons needing assistance with colostomy or ostomy care
- Persons needing assistance with catheter care
- Persons needing assistance with transferring.
- Persons needing assistance with feeding.
- Persons with dementia.
- Persons who wander.
- Persons who exhibit “combative behaviors”
- Medically fragile persons with one or more serious health care conditions.
- Persons needing assistance with mental disabilities
- Persons needing assistance with developmental disabilities.
- Persons with substance abuse issues
- Persons that need or may eventually need hospice care (Hospice Waiver in place)
- Persons under 60 years of age
- Respite stays, e.g. weekend to 2 weeks (minimum duration)

Resident Characteristics*

- Gender (% M and % F)
- Average age of residents
- % under age 70
- % over age 85

- % of residents needing assistance with mental disabilities
- % of residents needing assistance with developmental disabilities.
- % of residents with substance abuse issues
- % of residents receiving hospice care
- % of residents under 60 years of age

III. SERVICES

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| <ul style="list-style-type: none">○ Will the care home help with my medications?○ What are the meals like? Does the care home handle special diets?
Is there a flexible schedule for meals?○ Are there planned activities?○ Is health care provided on site?○ What kind of transportation is provided? |
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Medications

- Centrally Store medications
- Assist with self administration of medications
- Order medications
- Pick up ordered medications

Food and Dining Options

- Meal schedule
- Flexible meal schedule - hours?
- Prescribed or special diets Low sodium
 - Diabetic
 - Calorie restricted
 - Allergy restricted
 - Mechanical soft
 - Puree
 - Thickened liquids
 - Vegetarian
 - Other
- Ethnic food available (e.g. Kosher)

Activities

- Special activities program for dementia
- Scheduled activities
- Planned outings, e.g. movies, parks, shopping trips

Health Care

- Assist in scheduling medical appointments
- Health services available on site? (Specify)

Transportation

- Transportation to routine medical services
- Transportation to other services, e.g., shopping, church, etc.

IV. STAFFING

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| <ul style="list-style-type: none">○ Is the care home staff adequate to meet my needs and personal preferences? |
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Staffing

- Is the owner or administrator generally onsite? Yes or No.
- How many staff is on site?
- What is the staff to resident ratio?
- What is the staff to resident ratio at night?
- Does staff live in the facility or work in shifts?
- Bilingual staff, if yes, what other languages are spoken? (Drop down box of languages to choose from.)
 - Spanish
 - Cantonese
 - Mandarin
 - Tagalog

- Vietnamese
- Russian
- Korean
- Another language is spoken? If yes, please identify

- Is there a licensed nurse (RN/LVN) on staff? Hours per week?
- If not, is there a licensed nurse acting as a consultant on site? Hours per week?

V. CARE HOME DESCRIPTION

- Do the setting, style and size of the care home suit my personal preferences?
- Are there adequate safety protections?
- Who owns the care home?

Setting

- Rural
- Urban

Capacity

- Number of Licensed Beds/Capacity
- Number of Private Rooms
- Number of Shared Rooms
- Number of Bathrooms per Resident

Safety Features

- Call bell system or emergency alert system
- Wander Alert
- Door System Delays Exit
- Fenced Yard or Enclosed Perimeter
- Secured Dementia Unit or Section
- Locked Perimeter (External Doors or Gates)
- Smoke detectors
- Automated sprinkler system

Ownership

- Ownership Type: privately owned; limited partnership; corporation; non-profit
- Owner
- Names and license numbers of other RCFEs owned

VI. AMENITIES

- What amenities suit my personal needs and preferences?
- Are visiting hours convenient for family and friends?

Program Statement (Fixed character limit with one photo and reference to website)

Visiting Hours

Environment

- Home garden area
- Patio
- Enclosed yard
- Hair dresser/barber services on site
- Activities Room
- Fitness center
- Library
- Theatre room
- Age of care home buildings

Other

- Personal pets OK
- Care home pet(s)
- Cable TV in rooms
- Cable TV in common room
- Internet access
- Smoking allowed
- ATM onsite
- Other (Specify:)

VII. COSTS & SOURCES OF PAYMENT

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| <ul style="list-style-type: none">○ What are the monthly rates?○ Are there any costs for special care?○ Are there any upfront fees, e.g., assessment?○ Do you accept Supplemental Security Income (SSI)? |
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Rates & Fees

- Cost range for private room (or average annual cost)
- Cost range for semi-private room
- Cost range for dementia care
- Cost range for hospice care
- Cost range for special care services
 - Do you have a level of care system in your special care services? Specify range.
 - Do you have a point system for care services? Specify range.
- Cost for transportation
- Cost for accompaniment to appointments

Upfront Charges

- Preadmission Fee/Amount/Refundable
- Assessment or Evaluation Fee/Amount
- Other Deposits/Purpose/Amount/Refundable

Sources of Payment

- Private pay only
- Long term care insurance
- Accept Supplemental Security Income (SSI)/Number accepted
- Accept Medi-Cal (e.g. Assisted Living Waiver Pilot Project)

VIII. LICENSING HISTORY - COMPLIANCE

- What is the care home's record in meeting state licensing requirements?
- If the owner operates other care homes, do those homes have a good track record with the state's licensing agency?

Record in meeting state licensing requirements

- **Date of last inspection**
- List of licensing deficiencies in past 3-years; Approved plan of correction; Dates problems resolved
- List of incident reports in past year with specifics (i.e. skin breakdown, fall, hospitalization; elopement; medication problem)
- Number of incident reports that result in a licensing visit.
- Enforcement actions to restrict license-non-compliance conference, probation/revoke license

Note: (Copies of actual reports available as scanned documents)

*Other Resident Characteristics can provide critical information to determine quality of care outcomes, and to evaluate the appropriateness of regulations to meet evolving resident needs.)

- Demographics:
 - Source of payment – private pay or public funding, insurance
 - Average Length of stay
 - Primary and Secondary Diagnosis (e.g. Dementia)

- Care Needs Provided

- % of residents requiring assistance with dressing or grooming
- % of residents requiring assistance with bathing
- % of residents relying on canes
- % of residents relying on walkers
- % of residents relying on wheelchairs
- % of residents needing assistance with incontinence of bladder
- % of residents needing assistance with incontinence of bowel
- % of residents needing assistance with colostomy or ostomy care
- % of residents needing assistance with catheter care
- % of residents needing assistance with transferring.
- % of residents needing assistance with feeding.
- % of residents with dementia.
- % of residents who wander.
- % of residents who exhibit “combative behaviors”
- % of residents who are Medically fragile persons with one or more serious health care conditions.

- Admission Source:

- Self
- Family Member
- M.D.
- Placement agency
- Other LTC professional
- Hospital,
- Other RCFE
- Other (specify)

- Discharge Status:

- Average length of stay for residents
- Nature of discharge (% eviction related to payment; % eviction related to level of care; % voluntary; % death)
- Disposition
 - % Home or home of family member
 - % Another RCFE
 - % Skilled nursing Facility
 - % Hospital
 - % Death

% Other (specify)